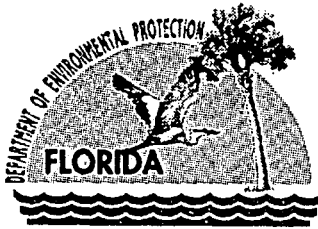


**BEST AVAILABLE COPY**

EMISSION FEE DATES ..... 196-2003  
NO ACTIVITY FOR FACILITY.....  
SOC REPORTS 4.....  
COMP. STATUS - SNC MNC

9/18/2003



Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

February 9, 2005

Mr. Jorgete Borges  
Imperial Towers Cleaners  
1450 East Hallandale Beach Boulevard  
Hallandale Beach, Florida 33009

Re: Facility No.: 0112279-003

Dear Mr. Borges:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 4, 2005.

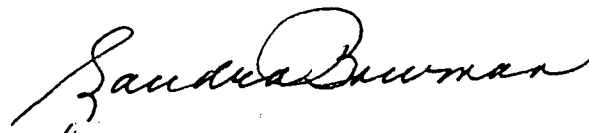
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

  
for Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Cliff Bittle, Broward County

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JAN 4 2005  
Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. The completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

Broward 06

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BORGES & BORGES ASSOCIATES		
2. Site Name (For example, plant name or number):	IMPERIAL TOWERS CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: City:	716 N. FEDERAL HWY HALLANDALE BEACH	County: BROWARD	Zip Code: 33009
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112279-003		

Responsible Official

6. Name and Title of Responsible Official: Name:	JORGETE BORGES	Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	IMPERIAL TOWERS CLEANERS 1450 EAST HALLANDALE BEACH BLV HALLANDALE BEACH	County: BROWARD Zip Code: 33009
8. Responsible Official Telephone Number: Telephone:	(954) 456-1038	Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	MAGIN DEL TORO - PLANT MANAGER	
10. Facility Contact Address: Street Address: City:	716 N. FEDERAL HWY HALLANDALE	County: BROWARD Zip Code: 33009
11. Facility Contact Telephone Number: Telephone:	(954) 456-5268	Fax: ( ) -



**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  Did not keep records:

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

- |  |   |
|--|---|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

#### 6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

JORGETE BORGES  
Print name of responsible official

J. Borges  
Signature

12/28/004  
Date

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

458806 FEB 10 2006 ✓

RECEIVED

FEB 13 2006

Bureau

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 112279 1st  
IMPERIAL TOWERS CLEANERS  
716 North Federal Hwy  
HALLANDALE, FL 33009

FLAIR ACCT. CODE 3750100013755010000  
BENEFITTING OBJECT CODE 002000-5  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466480 DEC 26 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 112279 ✓  
BORGES & BORGES  
ASSOCIATES  
716 North Federal Hwy  
HALLANDALE, FLORIDA 33009

Bureau of Air Monitoring  
& Mobile Sources  
DEC 23 2006

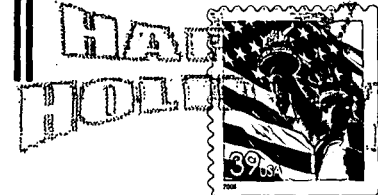
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

Imperial T. Cleaners  
716 N. Federal Hwy  
Hallandale, FL, 33009

SOUTH FLORIDA PDC  
FL 310  
20 DEC 2006 PM 2 L



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID# 112279 3<sup>rd</sup> Cert04  
 NO SPOT CLEANERS  
 716 North Federal Hwy  
 Hallandale, FL 33009

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 8191

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 112279 3<sup>rd</sup> Cert04  
 NO SPOT CLEANERS  
 716 North Federal Hwy  
 Hallandale, FL 33009

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

**X**  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

MAGN DEL JUNE 18 08

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



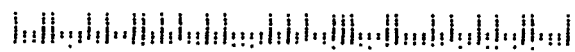
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

APR 13 2005

Bureau of Air Monitoring  
Mobile Sources



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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Po AIRS ID#0112279.....2<sup>nd</sup> Cert 05

Sent To NO SPOT CLEANERS  
716 North Federal Hwy

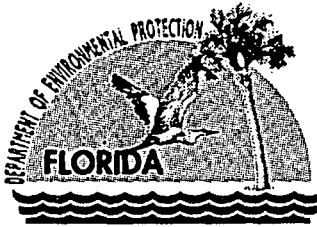
Street, Ap Hallandale, FL 33009  
or PO Box  
City, State

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3938 7522

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>AIRS ID#0112279.....2<sup>nd</sup> Cert 05            NO SPOT CLEANERS            716 North Federal Hwy            Hallandale, FL 33009</p> </div>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>2. Article Number</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">7004 2510 0002 3938 7522</div>							



Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

March 2, 2005

**NOTICE OF ANNUAL OPERATION FEE**  
**VIA: CERTIFIED MAIL WITH RETURN RECEIPT**

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year 2004. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

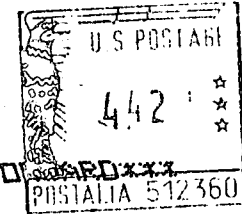
MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL™**



ISSUE  
MAR-2005  
F1



>>> RETURN TO SENDER IF UNABLE TO FORWARD <<<<

7004 2510 0002 3938 7522

 MOVED, LEFT  
NO ADDRESS

*[Signature]*  
MLWA

AIRS ID#0112279...2<sup>nd</sup> Cert 05  
NO SPOT CLEANERS  
716 North Federal Hwy  
Hallandale, FL 33009

RECEIVED  
MAR 15 2005  
Bureau of Air Monitoring  
& Mobile Sources

32399-6342-81





# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

**TO: Holder of Title V Air General Permit**

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**

(CUT HERE)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#0112279.....2<sup>nd</sup> Cert 05  
NO SPOT CLEANERS  
716 North Federal Hwy  
Hallandale, FL 33009

**FOR GOVERNMENT USE ONLY**  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273





POSTAGE  
REQUIRED

TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>AIRES ID# 112279 1stC NO SPOT CLEANERS 716 North Federal Hwy Hallandale, FL 33009</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7004 2510 0002 3939 3868 <span style="float: right;">cted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</span></p>	
<p>2. Article Number (<i>Transfer from service label</i>)</p>	
<p>PS Form 3811, August 2001 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT ( <i>Domestic Mail Only; No Insurance Coverage Provided</i> )	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage</p>	<p>Postmark Here</p>
<p>Sent To AIRS ID# 112279 1stC NO SPOT CLEANERS 716 North Federal Hwy Hallandale, FL 33009</p> <p>Street, Apt. No. or PO Box No.</p> <p>City, State, Zip</p>	
<p>PS Form 3800, June 2002 <span style="float: right;">See Reverse for Instructions</span></p>	

7004 2510 0002 3939 3868



Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

February 3, 2005

**NOTICE OF ANNUAL OPERATION FEE**  
**VIA: CERTIFIED MAIL WITH RETURN RECEIPT**

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year 2004. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

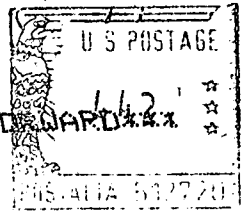
**CERTIFIED MAIL™**



TALLHASSEE

\*\*\* RETURN TO SENDER IF UNABLE TO FORWARD \*\*\*

7004 2510 0002 3939 3868 FL



**MOVED, LEFT  
NO ADDRESS**

*M*  
Bureau of Air Monitoring  
& Mobile Sources  
**RECEIVED**  
FEB 21 2005

AIRS ID# 112279 1stC  
NO SPOT CLEANERS  
716 North Federal Hwy  
Hallandale, FL 33009

33009+2400 90



# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**

**(CUT HERE)**

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

**Please include your AIRS ID# on your check or money order. This number is located on the mailing label.**

**TOTAL AMOUNT DUE: \$75.00**

**Do NOT Remove Label**

AIRS ID# 112279 1stC  
NO SPOT CLEANERS  
716 North Federal Hwy  
Hallandale, FL 33009

**FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273**



POSTAGE  
REQUIRED

TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070